

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 38
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Campaign Funding Direct			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>07</div> <div>25</div> <div>2016</div> </div>	
Mailing Address 1420 Spring Hill Road Suite 490			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4013.57</div>	
City State Zip Code McLean VA 22102	Transaction ID : 92579 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>07</div> <div>25</div> <div>2016</div> </div>			
Purpose of Expenditure Agency Fees - Consulting - Direct Mail	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">8107.37</div>				

Full Name of Payee Campaign Funding Direct			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>07</div> <div>25</div> <div>2016</div> </div>	
Mailing Address 1420 Spring Hill Road Suite 490			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>	
City State Zip Code McLean VA 22102	Transaction ID : 92580 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>07</div> <div>25</div> <div>2016</div> </div>			
Purpose of Expenditure Online Fees - Consulting	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">8107.37</div>				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">5513.57</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Campaign Funding Direct			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 1420 Spring Hill Road Suite 490			Amount 1500.00		
City McLean	State VA	Zip Code 22102	Transaction ID : 92581		
Purpose of Expenditure Online Fees - Consulting		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Campaign Funding Direct			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 1420 Spring Hill Road Suite 490			Amount 4013.56		
City McLean	State VA	Zip Code 22102	Transaction ID : 92582		
Purpose of Expenditure Agency Fees - Consulting - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Hillary Clinton			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5513.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Frank

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MM / DD / YYYY
07 / 26 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Campaign Funding Direct		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 1500.00	
City McLean	State VA	Zip Code 22102	Transaction ID : 92583
Purpose of Expenditure Online Fees - Consulting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Campaign Funding Direct		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 1500.00	
City McLean	State VA	Zip Code 22102	Transaction ID : 92584
Purpose of Expenditure Online Fees - Consulting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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 PAGE 4 OF 38
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NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>		
Mailing Address 5351 Ketch Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">608.19</div>		
City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92585 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>		
Purpose of Expenditure Direct Mail - Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate Donald Trump			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4298.33</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>		
Mailing Address 5351 Ketch Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">963.14</div>		
City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92586 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>		
Purpose of Expenditure Direct Mail - Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate Donald Trump			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4298.33</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1571.33</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Robert Frank

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(Schedule E)PAGE 5 OF 38
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 5351 Ketch Road			Amount 2000.00		
City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92587		
Purpose of Expenditure Direct Mail - Postage		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 4298.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 5351 Ketch Road			Amount 608.19		
City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92588		
Purpose of Expenditure Direct Mail - Printing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Hillary Clinton			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 4298.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2608.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Robert Frank

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07 / 26 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>2016</td></tr></table>			M	M		07			D	D		25			Y	Y	Y	Y	Y	Y						2016
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City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92589																										
Purpose of Expenditure Direct Mail - Postage		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>2016</td></tr></table>			M	M		07			D	D		25			Y	Y	Y	Y	Y	Y						2016
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Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"><tr><td>4298.34</td></tr></table>	4298.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									
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Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>2016</td></tr></table>			M	M		07			D	D		25			Y	Y	Y	Y	Y	Y						2016
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City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92590																										
Purpose of Expenditure Direct Mail - Postage		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>2016</td></tr></table>			M	M		07			D	D		25			Y	Y	Y	Y	Y	Y						2016
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25																													
Y	Y	Y	Y	Y	Y																								
					2016																								
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"><tr><td>4298.34</td></tr></table>	4298.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									
4298.34																													

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td>2963.14</td></tr></table>	2963.14
2963.14		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECG Data Center			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 1420 Spring Hill Road Suite 490			Amount 1933.56		
City McLean	State VA	Zip Code 22102	Transaction ID : 92591		
Purpose of Expenditure Direct Mail - List Maintenance		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee ECG Data Center			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 1420 Spring Hill Road Suite 490			Amount 61.21		
City McLean	State VA	Zip Code 22102	Transaction ID : 92592		
Purpose of Expenditure Direct Mail - Postage		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1994.77
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
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(Schedule E)PAGE 8 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee ECG Data Center			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>2016</td></tr></table>			M	M		07			D	D		25			Y	Y	Y	Y	Y	Y						2016
M	M																												
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Mailing Address 1420 Spring Hill Road Suite 490			Amount <table border="1" style="width:100%"><tr><td>32.69</td></tr></table>			32.69																							
32.69																													
City McLean	State VA	Zip Code 22102	Transaction ID : 92593																										
Purpose of Expenditure Direct Mail - List Maintenance		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>2016</td></tr></table>			M	M		07			D	D		25			Y	Y	Y	Y	Y	Y						2016
M	M																												
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Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"><tr><td>5187.20</td></tr></table>	5187.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									
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Full Name of Payee ECG Data Center			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>2016</td></tr></table>			M	M		07			D	D		25			Y	Y	Y	Y	Y	Y						2016
M	M																												
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25																													
Y	Y	Y	Y	Y	Y																								
					2016																								
Mailing Address 1420 Spring Hill Road Suite 490			Amount <table border="1" style="width:100%"><tr><td>305.02</td></tr></table>			305.02																							
305.02																													
City McLean	State VA	Zip Code 22102	Transaction ID : 92594																										
Purpose of Expenditure Direct Mail - List Maintenance		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>07</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>2016</td></tr></table>			M	M		07			D	D		25			Y	Y	Y	Y	Y	Y						2016
M	M																												
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					2016																								
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"><tr><td>5187.20</td></tr></table>	5187.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									
5187.20																													

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td>337.71</td></tr></table>	337.71
337.71		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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Y	Y	Y	Y	Y	Y
					2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 9 OF 38
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECG Data Center			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Mailing Address 1420 Spring Hill Road Suite 490			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.11</div>	
City McLean	State VA	Zip Code 22102	Transaction ID : 92595 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Purpose of Expenditure Direct Mail - Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Donald Trump			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee ECG Data Center			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Mailing Address 1420 Spring Hill Road Suite 490			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">266.97</div>	
City McLean	State VA	Zip Code 22102	Transaction ID : 92596 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Purpose of Expenditure Back-End Cost - Direct Mail - Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Donald Trump			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">372.08</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Robert Frank

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Date

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07 / 26 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 1933.55	
City McLean	State VA	Zip Code 22102	Transaction ID : 92597
Purpose of Expenditure Direct Mail - List Maintenance	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 61.21	
City McLean	State VA	Zip Code 22102	Transaction ID : 92598
Purpose of Expenditure Direct Mail - Postage	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1994.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Robert Frank

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Mailing Address 1420 Spring Hill Road Suite 490		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32.68</div>	
City State Zip Code McLean VA 22102	Transaction ID : 92599 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>		
Purpose of Expenditure Direct Mail - List Maintenance	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Mailing Address 1420 Spring Hill Road Suite 490		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">305.02</div>	
City State Zip Code McLean VA 22102	Transaction ID : 92600 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>		
Purpose of Expenditure Direct Mail - List Maintenance	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">337.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Robert Frank

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 105.22	
City McLean	State VA	Zip Code 22102	Transaction ID : 92601
Purpose of Expenditure Direct Mail - Postage	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 266.97	
City McLean	State VA	Zip Code 22102	Transaction ID : 92602
Purpose of Expenditure Back-End Cost - Direct Mail - Consulting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	372.19
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Frank

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07 / 26 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee International Data Management		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 490 White Pond Drive		Amount 60.00	
City Akron	State OH	Zip Code 44320	Transaction ID : 92603
Purpose of Expenditure Direct Mail - Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 415.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee International Data Management		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 490 White Pond Drive		Amount 161.91	
City Akron	State OH	Zip Code 44320	Transaction ID : 92604
Purpose of Expenditure Direct Mail - Postage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 415.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	221.91
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Robert Frank

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee International Data Management		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 490 White Pond Drive		Amount 60.00	
City Akron	State OH	Zip Code 44320	Transaction ID : 92605
Purpose of Expenditure Direct Mail - Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 415.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee International Data Management		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 490 White Pond Drive		Amount 161.91	
City Akron	State OH	Zip Code 44320	Transaction ID : 92606
Purpose of Expenditure Direct Mail - Postage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 415.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	221.91
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Robert Frank

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Omega List Company			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 1420 Spring Hill Road Suite 490			Amount 848.34		
City McLean	State VA	Zip Code 22102	Transaction ID : 92607		
Purpose of Expenditure List Rental Expenses		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		848.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Omega List Company			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 1420 Spring Hill Road Suite 490			Amount 848.33		
City McLean	State VA	Zip Code 22102	Transaction ID : 92608		
Purpose of Expenditure List Rental Expenses		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		848.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1696.67
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 16 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 3297.72	
City Forest	State VA	Zip Code 24551	Transaction ID : 92609 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Direct Mail - Printing		Category/Type 004	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		13812.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 7.19	
City Forest	State VA	Zip Code 24551	Transaction ID : 92610 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Direct Mail - Postage		Category/Type 004	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		13812.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3304.91
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 2486.75	
City Forest	State VA	Zip Code 24551	Transaction ID : 92611 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Direct Mail - Printing		Category/Type 004	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		13812.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 776.96	
City Forest	State VA	Zip Code 24551	Transaction ID : 92612 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Direct Mail - Printing		Category/Type 004	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		13812.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3263.71
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount -6.24	
City Forest	State VA	Zip Code 24551	Transaction ID : 92613 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Direct Mail - Postage		Category/ Type 004	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		13812.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 7250.00	
City Forest	State VA	Zip Code 24551	Transaction ID : 92614 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Direct Mail - Postage		Category/ Type 004	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		13812.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7243.76
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 3297.72	
City Forest	State VA	Zip Code 24551	Transaction ID : 92615
Purpose of Expenditure Direct Mail - Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 13812.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 7.19	
City Forest	State VA	Zip Code 24551	Transaction ID : 92616
Purpose of Expenditure Direct Mail - Postage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 13812.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3304.91
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 2486.75	
City Forest	State VA	Zip Code 24551	Transaction ID : 92617
Purpose of Expenditure Direct Mail - Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 13812.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 776.95	
City Forest	State VA	Zip Code 24551	Transaction ID : 92618
Purpose of Expenditure Direct Mail - Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 13812.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3263.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount -6.24	
City Forest	State VA	Zip Code 24551	Transaction ID : 92619 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Direct Mail - Postage		Category/Type 004	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		13812.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee RST Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1272 Corporate Park Road		Amount 7250.00	
City Forest	State VA	Zip Code 24551	Transaction ID : 92620 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Direct Mail - Postage		Category/Type 004	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		13812.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7243.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sisk Fulfillment Services		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1900 Industrial Park Dr.		Amount 63.54	
City Federalburg	State MD	Zip Code 21632	Transaction ID : 92621
Purpose of Expenditure Direct Mail - Postage	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Sisk Fulfillment Services		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1900 Industrial Park Dr.		Amount 90.00	
City Federalburg	State MD	Zip Code 21632	Transaction ID : 92622
Purpose of Expenditure Direct Mail - Consulting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	153.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sisk Fulfillment Services		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1900 Industrial Park Dr.		Amount 218.44	
City Federalsburg	State MD	Zip Code 21632	Transaction ID : 92623
Purpose of Expenditure Direct Mail - Postage	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Sisk Fulfillment Services		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1900 Industrial Park Dr.		Amount 63.54	
City Federalsburg	State MD	Zip Code 21632	Transaction ID : 92624
Purpose of Expenditure Direct Mail - Postage	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	281.98
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 24 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sisk Fulfillment Services		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1900 Industrial Park Dr.		Amount 90.00	
City Federalsburg	State MD	Zip Code 21632	Transaction ID : 92625
Purpose of Expenditure Direct Mail - Consulting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Sisk Fulfillment Services		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1900 Industrial Park Dr.		Amount 218.44	
City Federalsburg	State MD	Zip Code 21632	Transaction ID : 92626
Purpose of Expenditure Direct Mail - Postage	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	308.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tri State Envelope Corp		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 6900 Faigle Road		Amount 1059.89	
City Beltsville	State MD	Zip Code 20705	Transaction ID : 92627
Purpose of Expenditure Direct Mail - Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 2660.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Tri State Envelope Corp		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 6900 Faigle Road		Amount 1059.89	
City Beltsville	State MD	Zip Code 20705	Transaction ID : 92628
Purpose of Expenditure Direct Mail - Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 2660.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2119.78
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Washington Intelligence Bureau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 4128 Pepsi Place		Amount 340.63	
City Chantilly	State VA	Zip Code 20151	Transaction ID : 92629 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Back-End Cost - Direct Mail - Consulting		Category/Type 004	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		4312.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Washington Intelligence Bureau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 4128 Pepsi Place		Amount 2615.26	
City Chantilly	State VA	Zip Code 20151	Transaction ID : 92630 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Purpose of Expenditure Bookkeeping		Category/Type 004	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		4312.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2955.89
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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07 / 26 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Washington Intelligence Bureau		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2016 </div>	
Mailing Address 4128 Pepsi Place		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 251.02 </div>	
City Chantilly	State VA	Zip Code 20151	Transaction ID : 92631 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2016 </div>
Purpose of Expenditure Back-End Cost - Direct Mail - Consulting	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Donald Trump		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 4312.55 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Washington Intelligence Bureau		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2016 </div>	
Mailing Address 4128 Pepsi Place		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1105.63 </div>	
City Chantilly	State VA	Zip Code 20151	Transaction ID : 92632 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2016 </div>
Purpose of Expenditure Bookkeeping	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Donald Trump		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 4312.55 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1356.65</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Washington Intelligence Bureau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 4128 Pepsi Place		Amount 340.63	
City Chantilly	State VA	Zip Code 20151	Transaction ID : 92633
Purpose of Expenditure Back-End Cost - Direct Mail - Consulting		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4312.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Washington Intelligence Bureau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 4128 Pepsi Place		Amount 2615.26	
City Chantilly	State VA	Zip Code 20151	Transaction ID : 92634
Purpose of Expenditure Bookkeeping		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4312.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2955.89
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Washington Intelligence Bureau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 4128 Pepsi Place		Amount 251.02	
City Chantilly	State VA	Zip Code 20151	Transaction ID : 92635
Purpose of Expenditure Back-End Cost - Direct Mail - Consulting		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4312.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Washington Intelligence Bureau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 4128 Pepsi Place		Amount 1105.63	
City Chantilly	State VA	Zip Code 20151	Transaction ID : 92636
Purpose of Expenditure Bookkeeping		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4312.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1356.65
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ZIP Mailing Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 6304 Sheriff Rd. Ste Z Ste Z		Amount 6850.00	
City Landover	State MD	Zip Code 20785	Transaction ID : 92637
Purpose of Expenditure Direct Mail - Postage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 14637.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ZIP Mailing Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 6304 Sheriff Rd. Ste Z Ste Z		Amount 7787.50	
City Landover	State MD	Zip Code 20785	Transaction ID : 92638
Purpose of Expenditure Direct Mail - Postage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 14637.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14637.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ZIP Mailing Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 6304 Sheriff Rd. Ste Z Ste Z		Amount 6850.00	
City Landover	State MD	Zip Code 20785	Transaction ID : 92639
Purpose of Expenditure Direct Mail - Postage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 14637.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ZIP Mailing Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 6304 Sheriff Rd. Ste Z Ste Z		Amount 7787.50	
City Landover	State MD	Zip Code 20785	Transaction ID : 92640
Purpose of Expenditure Direct Mail - Postage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 14637.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14637.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Campaign Funding Direct		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 1093.80	
City McLean	State VA	Zip Code 22102	Transaction ID : 92641
Purpose of Expenditure Agency Fees - Consulting - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Campaign Funding Direct		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 1093.80	
City McLean	State VA	Zip Code 22102	Transaction ID : 92642
Purpose of Expenditure Agency Fees - Consulting - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2187.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 5351 Ketch Road			Amount 67.00		
City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92643		
Purpose of Expenditure Direct Mail - Printing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 4298.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 5351 Ketch Road			Amount 67.01		
City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92644		
Purpose of Expenditure Direct Mail - Printing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Hillary Clinton			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 4298.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	134.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 1519.44	
City McLean	State VA	Zip Code 22102	Transaction ID : 92645
Purpose of Expenditure Direct Mail - List Rental	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1420 Spring Hill Road Suite 490		Amount 963.20	
City McLean	State VA	Zip Code 22102	Transaction ID : 92646
Purpose of Expenditure List Rental Expenses	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2482.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Mailing Address 1420 Spring Hill Road Suite 490		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1519.44</div>	
City State Zip Code McLean VA 22102	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : 92647 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ECG Data Center		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Mailing Address 1420 Spring Hill Road Suite 490		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">963.20</div>	
City State Zip Code McLean VA 22102	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : 92648 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2482.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee International Data Management		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 490 White Pond Drive		Amount 193.62	
City Akron	State OH	Zip Code 44320	Transaction ID : 92649
Purpose of Expenditure Direct Mail - Postage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 415.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee International Data Management		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 490 White Pond Drive		Amount 193.61	
City Akron	State OH	Zip Code 44320	Transaction ID : 92650
Purpose of Expenditure Direct Mail - Postage	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 415.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	387.23
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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07 / 26 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 37 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tri State Envelope Corp		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 6900 Faigle Road		Amount 1601.05	
City Beltsville	State MD	Zip Code 20705	Transaction ID : 92651
Purpose of Expenditure Direct Mail - Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Donald Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 2660.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Tri State Envelope Corp		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 6900 Faigle Road		Amount 1601.05	
City Beltsville	State MD	Zip Code 20705	Transaction ID : 92652
Purpose of Expenditure Direct Mail - Printing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 2660.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3202.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
07 / 26 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 38 OF 38
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 5351 Ketch Road			Amount 660.00		
City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92653		
Purpose of Expenditure Direct Mail - Postage		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Donald Trump			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 4298.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DirectMail.com			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016		
Mailing Address 5351 Ketch Road			Amount 660.00		
City Prince Frederick	State MD	Zip Code 20678	Transaction ID : 92654		
Purpose of Expenditure Direct Mail - Postage		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate Hillary Clinton			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 4298.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1320.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	109304.28

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
07 / 26 / 2016

Signature